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OF TRANSMITTAL TORM OCT 03 2006 5			Application Number	09/824	521							
			Filing Date	April 2,	April 2, 2001							
			First Named Inventor	Mattice	e et al.							
			Art Unit	3714	3714							
to be used for alcorrespondence after initial filing)			Examiner Name	Corbett	t B. Coburn							
Total TRADEL or Pages in This Submission			Attorney Docket Number	25814-	-403120							
ENCLOSURES (Check all that apply)												
Fee Transmittal Form			Drawing(s)		After Allowance Communication to TC							
. X	ee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences							
Amendme	ent/Reply		Petition		Appeal Communication to TC							
⊠ A	fter Final		Petition to Convert to a Provisional Application	(Appeal Notice, Brief, Reply Brief) Proprietary Information								
A	ffidavits/declaration(s)		Power of Attorney, Revoca Change of Correspondence		Status Letter							
Extension	of Time Request		Terminal Disclaimer		Other Enclosure(s) (please Identify below):							
Express Abandonment Request			Request for Refund		Request for Continued Examination (RCE);							
Information Disclosure Statement			CD, Number of CD(s) Landscape Table on		Check for \$790.00; Postcard.							
Certified Copy of Priority Document(s)			rks		`							
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53												
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT												
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Date	Date 9-28-06			Reg. No. 48,244								
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Effect	tive on 12/08/	2004.		Complete If Known									
Fees pursuals to the Consolidated Appropriations Act, 2005 (H.R. 4818).				cation Number	09/824,621	09/824,621							
TEE TR	ANS	MITTAL	Filing	Date	April 2, 200	April 2, 2001							
for	FY 20	006	First	First Named Inventor Mattice et al.		al.							
			Exam	Examiner Name Corbett B.		Coburn							
Applicant claims small e	entity status.	See 37 CFR 1.27	Art U	Art Unit 3714									
TOTAL AMOUNT OF PAYMENT (\$)790.00				ney Docket No.	25814-403	120							
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP - 27717 Deposit Account Name: Seyfarth Shaw LLP - 27717													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)													
1. BASIC FILING, SEA					=:////								
	FILING		EARCH F	EES Small Entity	EXAMINATIO	N FEES mall Entity							
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)						
Utility	300		500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200		300	150	160	80							
Reissue	300		500	250	600	300	*						
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FE		100	U	Ū	v	-	mall Entity						
Fee Description						Fee (\$)	Fee (\$)						
Each claim over 20 (inc	luding Reis	ssues)				50	25						
Each independent claim						200	100						
• •	Multiple dependent claims					360	180						
Total Claims	Extra Cla		<u>Fees Pai</u>	<u>d (\$)</u>	M	lultiple Depe Fee (\$)	endent Claims Fee Paid (\$)						
- 20 or HP HP = highest number of total c		if greater than 20				. 00 (4)	100.00101						
Indep. Claims	Extra Cla		Fees Pai	d (\$)	_								
- 3 or HP	=	x:	=										
HP = highest number of indepe	endent claims p	paid for, if greater than 3											
3. APPLICATION SIZE FEE													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer													
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50													
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)													
- 100 = /50= (round up to a whole number) x =													
4. OTHER FEE(S) Fee Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination (RCE) \$790.00													
Other (e.g., late thing surcharge): Request for Continued Examination (RCE)													
SUBMITTED BY				ration No. 48,24)						
Signature		Telephone 312-460-5000											
Name (Print/Type) Chris	Date 4	Date 9-28-06											

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